

## State of Kansas

Please Print or Type: Organization Name

Local Union No. \_\_\_\_\_ Council No. \_\_\_\_\_

### AUTHORIZATION FOR PAYROLL DEDUCTION EMPLOYEE ORGANIZATION MEMBERSHIP DUES

Agency No.	Dept. No.	Employee ID or last four digits of SSN	Employee Name (Please print or type)		
			First	Middle Initial	Last
Organization No.			Street Address		
For Agency use only			City	State	Zip Code
Effective Date	Beginning of Pay Period		Classification		Job Title

### AUTHORIZATION

1 ☐

I hereby authorize the Director of Accounts and Reports to make regular payroll deductions from my earnings for the amount certified by the above employee organization for membership dues. This authorization-assignment shall remain in effect for no less than 180 days and shall be terminated at any time thereafter upon 30 days prior written notice by me of termination of the authorization-assignment.

2 ☐

Cancel my employee organization dues deduction, effective

\_\_\_\_\_

Date

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Employee